

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Todd Jay Rockstroh

Attorney Docket No.: 134535

Serial No.: : : Art Unit:

Filed: : : Examiner:

For: SINGLE HEAD LASER HIGH THROUGHPUT LASER SHOCK PEENING

POWER OF ATTORNEY

Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

I hereby appoint:

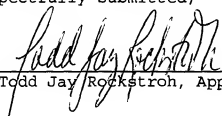
Steven J. Rosen, Registration No. 29,972,
David L. Narciso, Registration No. 35,624,
Nathan D. Herkamp, Registration No. 28,812
Andrew C. Hess, Registration No. 31,368
William S. Andes, Registration No. 33,582
Ronald E. Myrick, Registration No. 26,315
Henry J. Policinski, Registration No. 26,621,
Jay L. Chaskin, Registration No. 24,030,
James W. Mitchell, Registration No. 25,602,
VG Ramaswamy, Registration No. 45,957

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please address all future correspondence to:

Mr. Steven J. Rosen
4729 Cornell Rd.
Cincinnati, OH 45241

Respectfully submitted,

By: 
Todd Jay Rockstroh, Applicant

Date: 8/22/03

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration
Submitted
with Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	134535
First Named Inventor	Todd Jay Rockstroh
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SINGLE HEAD LASER HIGH THROUGHPUT LASER SHOCK PEENING

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.


Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label				OR <input checked="" type="checkbox"/>		Correspondence address below	
30503									
PATENT TRADEMARK OFFICE									
Name Steven J. Rosen, Patent Attorney									
Address 4729 Cornell Rd.									
City Cincinnati				State OH		ZIP 45241			
Country US			Telephone 513-489-5383				Fax 513-489-5466		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) Todd Jay					Family Name or Surname Rockstroh				
Inventor's Signature <i>Todd Jay Rockstroh</i>					Date 8/22/03				
Residence: City Maineville			State OH		Country US		Citizenship US		
Mailing Address 3691 Spring Mill Way									
City Maineville			State OH		ZIP 45039		Country US		
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])					Family Name or Surname				
Inventor's Signature					Date				
Residence: City			State		Country		Citizenship		
Mailing Address									
City			State		ZIP		Country		
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									